## PART B - FEE(S) TRANSMITTAL

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| 62836 7590 08/21/2009<br>BFRLINER & ASSOCIATES   |  |  |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |
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| APPLICATION NO.  | FILING DATE  |  | FIRST NAMED INVENTOR  |   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |
| 09/831,843<br>TITLE OF INVENTION   | 08/13/2001<br>ENHANCED WAVEF                         | ORM INTERPOLATIVI                                      | Oded Gottesman<br>E CODER   |   | 1279-277  | 9783  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE   | PREV. PAID ISSUE  | FEE TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional   | NO   | \$1510   | \$0   | \$0   | \$1510  | 11/23/2009  |
| EXAMINER   |  | ART UNIT   | CLASS-SUBCLASS  | ]   |   |   |
| CHAWAN, VIJAY B  |  | 2626   | 704-223000  |   | ·   |   |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |  | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |   |   |   |
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|  | are submitted: No small entity discount p            | permitted)   | <ul> <li>b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3881 (enclose an extra copy of this form).</li> </ul> |   |   |   |
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| Typed or printed nam   | Robert E   | erliner  |   | Registration No   | 20,121  |   |
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